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LICENSE NUI	MBER: 020200001		CITY OR TOWN CHELS	SEA
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN	AME: THE NEW BROWNESS A	/N JUG OF CHELSE	A, INC.	
ADDRESS 10	14 REVERE BEACH PAI	RKWAY		
CITY/TOWN:	CHELSEA	STATE: MA	ZIP CODE: 02150	1
MANAGER:	MATRINKO, TY MICHAEL G.	PE OF LICENSE: Res	staurant CATEGOI	RY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMI	SES:		
	DINING AREA SEPATA		Y BLDG CONTAINING AI HCEN FRONT ENTRANCE	
I hereby certify	and swear under penaltie	s of perjury that:		
1. the	renewed license will be of	the same type for the	same premises now licensed	;
2. the	licensee has complied with	all laws of the Comr	nonwealth relating to taxes; a	and
3. the	premises are now open for	business (If not explain	ain below)	
SIGNED BY	Individual, Partne	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIF	
			(Note: NOT Individual So	cial Security Number)
Acts of 2004,	signed by the building in	spector and the head	e certificate required by Cl l of the fire department for rance required by Chapter	the above
Please Check Belo	ow:		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)			
DATE			-	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	120200003		CHY	OK TOWN	CHELSE	A
APPLICATION FOR F	RENEWAL:	Annual		LICEN	SED FOR 2	2013
		CLASS				YEAR
LICENSEE NAME:	ARTHUR GUTTAD	AURO				
DOING BUSINESS A	KING ARTHUR'S					
ADDRESS 200 BEAC	HAM STREET					
CITY/TOWN: CHEL	SEA	STATE: MA	ZI	P CODE:	02150	
MANAGER:	TYPE	OF LICENSE: Inn	holder	C	ATEGORY	: All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EN	MAIL ADDI	RESS		
DESCRIPTION OF LI	CENSED PREMISE	S:				
SEPARATE 2 STORE 2 BARS; SECOND FL						Γ FLOOR.
I hereby certify and swe			STERL	D GCESTS	•	
•	license will be of the		same p	remises now	v licensed;	
	has complied with al	• •	•			
3. the premises	s are now open for bu	ısiness (If not expla	ain belo	w)		
SIGNED BY						
]	Individual, Partner of	r Authorized Corpo	orate Of	ficer		
DATE:				EMBLOVE	D IDENTIFICA	TION NUMBER.
DATE.	TELEPHONE	NUMBER:	(1			ATION NUMBER: Security Number)
						,
We the undersigned, a Acts of 2004, signed b						
named license and (2)						
of 2010.						
Please Check Below:			LOC	AL LICEN	SING AUTH	IORITY
APPROVED:	_		By:			
DISAPPROVED:						
(If disapproved explain)					
DATE:						<u> </u>
D.1111.						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 020200004		CITY OR T	OWN	CHELSEA	
APPLICATION FO	R RENEWAL:	Annual	I	ICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	POLISH POLITIC	CAL CLUB INC.				
DOING BUSINESS	A POLISH POLIT	ICAL CLUB				
ADDRESS 58 BRO	ADWAY					
CITY/TOWN: CH	ELSEA	STATE: M.	A ZIP COI	DE:	02150	
	IATKOWSKI, TY BERT	PE OF LICENSE:	Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION OF						
STREET FLOOR A			RANCE AND SI	DE E	XIT	
I hereby certify and	•		1		1 1.	
	wed license will be of see has complied with	• •	•			
	ises are now open for			aung i	o taxes, and	
SIGNED BY						
5161125 51	Individual, Partne	r or Authorized Co	rporate Officer			
DATE:	TELEPHON	NE NUMBER:	EMF	LOYE	R IDENTIFICAT	ION NUMBER:
			(Note: <u>N</u>	OT In	dividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are d by the building in (2) the certificate o	spector and the h	ead of the fire d	epart	ment for the	above
Please Check Below:			LOCAL L	ICEN:	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	ain)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	020200006		CITY OR TOWN	CHELSEA	
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	EFRAIN I MOLINA				
DOING BUSINESS A	CURLEY'S RESTA	URANT			
ADDRESS 150 BROA	ADWAY				
CITY/TOWN: CHEL	SEA	STATE: MA	ZIP CODE:	02150	
MANAGER: MOLII	NA,EFRAIN I.TYPE	OF LICENSE: Rest	aurant C	CATEGORY: All Alcoh	ıol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LI	ICENSED PREMISE	S:			
FRONT ENTRANCE BASEMENT	ON BROADWAY,R	EAR EXIT ON CH	ERRY ST. 15 X 4	5 WITH FULL	
I hereby certify and sw	ear under penalties of	f perjury that:			
1. the renewed	l license will be of the	e same type for the s	same premises nov	v licensed;	
2. the licensee	has complied with al	l laws of the Comm	onwealth relating	to taxes; and	
3. the premise	s are now open for bu	ısiness (If not explai	in below)		
SIGNED BY	Individual, Partner or	r Authorized Cornor	rate Officer		
	morvious, runner of	riamorizoa corpor			
DATE:	TELEDIJONE	NII IMDED.	FMPI OYE	R IDENTIFICATION NUMBE	
	TELEPHONE	NUMBER:		dividual Social Security Numb	
Acts of 2004, signed	by the building insp	ector and the head	of the fire depart	red by Chapter 304 of the timent for the above Chapter 116 of the Act	
Please Check Below:			LOCAL LICEN	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)		-		
			-		
DATE:					
DATE.					



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LICENSE NUMBER	R: 020200008		CITY OR TOWN CHELSEA	L
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME:	CUZCATLAN RE	STAURANT CORPO	RATION	
DOING BUSINESS	A CUZCZATLAN	RESTAURANT		
ADDRESS 142 BRO	OADWAY			
CITY/TOWN: CH	ELSEA	STATE: MA	ZIP CODE: 02150	
MANAGER: GAI	LDAMEZ,ANA TYI	PE OF LICENSE: Rest	caurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM.	AIL ADDRESS	_
	LICENSED PREMIS			
	FRONT ENTRANCE AND WOMEN'S BA		Y EXIT,TABLE SEATING,KI	TCHEN
I hereby certify and	swear under penalties	of perjury that:		
1. the renev	ved license will be of	the same type for the s	same premises now licensed;	
2. the licens	see has complied with	all laws of the Comm	onwealth relating to taxes; and	
3. the premi	ises are now open for	business (If not explain	in below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICAT	
			(Note: NOT Individual Social S	Security Number)
Acts of 2004, signe	d by the building in	spector and the head	certificate required by Chapt of the fire department for the ance required by Chapter 116	above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:	• ,			
(If disapproved expl	ain)		-	
			-	
DATE:				



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LICENSEE NAME: CHELSEA COUNCIL #83 K OF C BUILDING ASSOC.INC	2
LICENSEE NAME: CHELSEA COUNCIL #83 K OF C BUILDING ASSOC.INC	3
	EAR
DOING DUGINIEGG A	
DOING BUSINESS A	
ADDRESS 194 BROADWAY	
CITY/TOWN: CHELSEA STATE: MA ZIP CODE: 02150	
MANAGER: LANZILLO, TYPE OF LICENSE: Club CATEGORY: A ROBERT	All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:	
SIDE ENTRANCE AND EXIT. TWO REAR EXITS. TWO FLOORS FIRST FLOOR IS MEMI- QUARTERS,LIBRARY,COCKTAIL LOUNGE. 9 ROOMS	BERS
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the same premises now licensed;	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
3. the premises are now open for business (If not explain below)	
SIGNED BY	
Individual, Partner or Authorized Corporate Officer	
Individual, Partner or Authorized Corporate Officer	
DATE	
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION	
DATE	
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION	304 of the
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social Security Note: NOT Individual Social Securi	304 of the bove f the Acts
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secution 1) the certificate required by Chapter Acts of 2004, signed by the building inspector and the head of the fire department for the abnamed license and (2) the certificate of liquor liability insurance required by Chapter 116 of 2010. Please Check Below: APPROVED: LOCAL LICENSING AUTHOR By:	304 of the bove f the Acts
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social Section 1) the certificate required by Chapter Acts of 2004, signed by the building inspector and the head of the fire department for the abnamed license and (2) the certificate of liquor liability insurance required by Chapter 116 of 2010. Please Check Below: APPROVED: DISAPPROVED: By:	304 of the bove f the Acts
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secution 1) the certificate required by Chapter Acts of 2004, signed by the building inspector and the head of the fire department for the abnamed license and (2) the certificate of liquor liability insurance required by Chapter 116 of 2010. Please Check Below: APPROVED: LOCAL LICENSING AUTHOR By:	304 of the bove f the Acts
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social Section 1) the certificate required by Chapter Acts of 2004, signed by the building inspector and the head of the fire department for the abnamed license and (2) the certificate of liquor liability insurance required by Chapter 116 of 2010. Please Check Below: APPROVED: DISAPPROVED: By:	304 of the bove f the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 02	20200011		CITY (OR TOWN	CHELSEA	1
APPLICATION FOR RE	ENEWAL:	Annual		LICEN	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: TU	U CASA CORPOR	RATION				
DOING BUSINESS A	ΓU CASA RESTA	URANT				
ADDRESS 403 BROAD	WAY					
CITY/TOWN: CHELS	EA	STATE: MA	ZIP	CODE:	02150	
MANAGER: ALVARA CARLOS		E OF LICENSE: R	estaurant	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR	EMAIL ADDRI	ESS		_
DESCRIPTION OF LIC	ENSED PREMISI	ES:				
RESTAURANT ON FIR AND REAR DOOR TO STAIRWAY FROM BE	DIVISION ST. BA					
I hereby certify and swea	ır under penalties o	of perjury that:				
1. the renewed l	icense will be of the	ne same type for the	ne same pro	emises nov	w licensed;	
	as complied with a			•	to taxes; and	
3. the premises a	are now open for b	ousiness (If not ex	plain below	v)		
SIGNED BY	ndividual, Partner o	or Authorized Cor	porate Offi	icer		
	,		_			
DATE:	TELEPHONE	NUMBER:	_	EMPLOYE	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEETHONE	TIVE WIBLIC.	(N	ote: <u>NOT</u> Ir	ndividual Social S	Security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) to f 2010.	the building insp	ector and the he	ad of the f	ïre depar	tment for the	e above
Please Check Below:			LOCA	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	020200012		CITY OR TOWN	CHELSEA	
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	ANH DAO THI LU	JU			
DOING BUSINESS A	A WING'S RESTAU	JRANT			
ADDRESS 408 BROA	ADWAY				
CITY/TOWN: CHEI	LSEA	STATE: MA	ZIP CODE:	02150	
MANAGER:	TYP	E OF LICENSE: Res	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L STREET FLOOR, DI I hereby certify and sw 1. the renewe 2. the licensed	NING ROOM,STOR wear under penalties d license will be of the e has complied with es are now open for	RAGE IN BASEME	NT same premises now nonwealth relating thin below)		
DATE: We the undersigned Acts of 2004, signed	by the building ins	in possession (1) the pector and the head	(Note: <u>NOT</u> Ince certificate required to the fire departed to the fire	ment for the	er 304 of the above
named license and (2 of 2010.	2) the certificate of	nquor nabinty insu	rance required by	Chapter 110	of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain			LOCAL LICENS By:	SING AUTHO	ORITY
	/				



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LICENSE NUMBER: 020200013		CITY OR TOWN CHELSE.	A
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: FANNIE'S PLAC	CE INC.		
DOING BUSINESS A CHELSEA WA	ALK		
ADDRESS 416 BROADWAY			
CITY/TOWN: CHELSEA	STATE: MA	ZIP CODE: 02150	
MANAGER: PALMIERI, MARY T ANN	YPE OF LICENSE: Rest	aurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM			
FIRST FLOOR AND BASEMENT FO EXIT ON LUTHER PLACE	R STORAGE; ENTRA	NCE ON BROADWAY AND	REAR
I hereby certify and swear under penalti	es of perjury that:		
1. the renewed license will be	of the same type for the s	same premises now licensed;	
2. the licensee has complied w	th all laws of the Comm	onwealth relating to taxes; and	l
3. the premises are now open f	or business (If not explain	in below)	
SIGNED BY			
Individual, Partr	er or Authorized Corpor	rate Officer	
D 4 777			
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire department for th	ie above
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 020200017	1	CITY OR TOWN	CHELSEA
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
	: AGUILAR CORPOR S A BAR LA CUEVA OADWAY	CLASS RATION		YEAR
CITY/TOWN: CH	ELSEA	STATE: MA	ZIP CODE:	02150
	AHAM, TYPE ERYL	E OF LICENSE: Rest	aurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
FIRST FLOOR AND I hereby certify and 1. the renew 2. the license	LICENSED PREMISE D STOREROOM swear under penalties of the see has complied with a lises are now open for be	ES: of perjury that: e same type for the s ll laws of the Comm	ame premises now	
SIGNED BY	Individual, Partner o	r Authorized Corpor	ate Officer	
DATE:	TELEPHONE	NUMBER:		L IDENTIFICATION NUMBER:
We the undersigne Acts of 2004, signe	ed, attest that we are ined by the building insp	n possession (1) the ector and the head	(Note: NOT Ind certificate require of the fire departs	ividual Social Security Number) ed by Chapter 304 of the
We the undersigne Acts of 2004, signe named license and	ed, attest that we are ined by the building insp (2) the certificate of li	n possession (1) the ector and the head	(Note: <u>NOT</u> Ind certificate require of the fire departi ance required by	ed by Chapter 304 of the nent for the above



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LICENSE NUMBER: 02020002	21	CITY OR TOWN CHELSE	A
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: MILL HI	LL NATURALIZATION CL	UB INC.	
DOING BUSINESS A			
ADDRESS 46 CLINTON ST			
CITY/TOWN: CHELSEA	STATE: MA	ZIP CODE: 02150	
MANAGER: MCCARTHY, PATRICK N.	TYPE OF LICENSE: CI	ub CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF LICENSEI			
ONE FLOOR, 2 EXITS FROM STOCK	HALL. FRONT SIDE AND	REAR SIDE AND CELLAR FO	OR
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license	will be of the same type for the	e same premises now licensed;	
2. the licensee has com	plied with all laws of the Com	monwealth relating to taxes; and	d
3. the premises are now	open for business (If not exp	lain below)	
SIGNED BY			
Individua	al, Partner or Authorized Corp	orate Officer	
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: <u>NOT</u> Individual Social	i Security Number)
Acts of 2004, signed by the bu	ilding inspector and the hea	ne certificate required by Chap ad of the fire department for th urance required by Chapter 1	ne above
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		_	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	020200022		CITY OR TOWN	CHELSEA	
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	MANOTAS CORPOR	ATION			
DOING BUSINESS A	EL CARRIEL				
ADDRESS 009-11 WI	ILLIAMS STREET				
CITY/TOWN: CHEL	SEA	STATE: MA	ZIP CODE:	02150	
MANAGER: MANO	OTAS,JUAN TYPE C	F LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	IAIL ADDRESS		-
	ICENSED PREMISES:				
	KIT ON WILLIAMS ST		EXIT ON PEARL	ST	
	ear under penalties of p		_		
	d license will be of the s		=		
	e has complied with all			taxes; and	
3. the premise	s are now open for busi	ness (II not expla	in below)		
SIGNED BY			0.00		
	Individual, Partner or A	Authorized Corpo	rate Officer		
D. 1.000					
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER:
			(Note: NOT IIIdi	viduai Sociai S	ecurity Number)
Acts of 2004, signed	attest that we are in p by the building inspec	tor and the head	of the fire departn	nent for the	above
named license and (2 of 2010.	the certificate of liqu	ıor liability insu	rance required by (Chapter 116	of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					
·					



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LICENSE NUMBER: 020200023		CITY OR TOWN CHELSEA	1
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: EL XIELO	CORPORATION		
DOING BUSINESS A EL XIELO)		
ADDRESS 425 EASTERN AVE			
CITY/TOWN: CHELSEA	STATE: MA	ZIP CODE: 02150	
MANAGER: MELGUIZO, JENNY P.	TYPE OF LICENSE: Res	taurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	<u> </u>
DESCRIPTION OF LICENSED I			
APPROX. 2238 S/F W/ ONE LAI FRONT AND EMERGENCY EX		D BASEMENT, TWO ENTRA	NCES IN
I hereby certify and swear under p	enalties of perjury that:		
1. the renewed license wi	ll be of the same type for the	same premises now licensed;	
2. the licensee has compli	ed with all laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now o	pen for business (If not expla	in below)	
SIGNED BY			
Individual,	Partner or Authorized Corpor	rate Officer	
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: <u>NOT</u> Individual Social	Security Number)
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certified 2010.	ding inspector and the head	of the fire department for the	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	EK: 020200025		CHYC	RIOWN	CHELSEA	L
APPLICATION F	OR RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAM	E: FIFTH AVENU	JE STEAK HOUSE IN	C			
DOING BUSINES	SS A FLORAMO'S	FIFTH AVE.				
ADDRESS 213 E	VERETT AVE					
CITY/TOWN: C	HELSEA	STATE: MA	ZIP	CODE:	02150	
MANAGER: FL	ORAMO, HOMAS J.	ΓΥΡΕ OF LICENSE: R	estaurant	C	CATEGORY:	All Alcohol
EMAIL ADDRES	S:					
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRE	ESS		
DESCRIPTION O	OF LICENSED PRE	MISES:				
ENTRANCE,3 EX	KITS,TWO ROOMS	S,KITCHEN AND STO	RAGE AI	REAS		
I hereby certify an	d swear under penal	Ities of perjury that:				
1. the ren	ewed license will be	of the same type for the	e same pre	emises nov	v licensed;	
	-	with all laws of the Com		•	to taxes; and	
3. the pre	mises are now open	for business (If not exp	lain below	7)		
SIGNED BY	Individual, Par	tner or Authorized Corp	orate Offi	cer		
	,					
DATE:	теі ерц	ONE NUMBER:	_	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELEFTI	ONE NUMBER.	(No			Security Number)
Acts of 2004, sign	ned by the building	are in possession (1) the graph inspector and the hear of liquor liability ins	ad of the f	ire depart	ment for the	above
Please Check Below:			LOCA	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved ex	plain)					
			-			
DATE:						
Z.11L.						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 020200028	CI	TY OR TOWN CHELSEA
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: ZAVALA CORPO	RATION	
DOING BUSINESS A BELLA VILLA		
ADDRESS 013-17 FIFTH ST		
CITY/TOWN: CHELSEA	STATE: MA	ZIP CODE: 02150
MANAGER: MENDEZ, MIGUEL TY	PE OF LICENSE: Restau	rant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMAIL	ADDRESS
THE PREMISES CONSISTING OF A L BOOTHS AND A LARGE RESTAURA BATHROOM AND WOMEN'S BATHR O NE ON THE SIDE, AND ONE IN TH	ARGE BAR AREA WIT NT AREA WITH BOOT OOM; FOUR ENTRAN	TH SEATING; A MEN' S ICES AND EXITS: TWO IN FRONT,
1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	the same type for the same all laws of the Common	wealth relating to taxes; and
SIGNED BY Individual, Partner	or Authorized Corporate	e Officer
DATE: TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
TELETHON	E NOWIDER.	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building in	spector and the head of	ertificate required by Chapter 304 of the the fire department for the above nee required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	IBER: 020200032		CITYOR	LIOWN	CHELSEA	•
APPLICATION	FOR RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NA	ME: ARREDONDO	ENTERPRISES CORI	PORATION	[
DOING BUSIN	ESS A BAR LOS RE	CUERDOS				
ADDRESS 14-1	6A FIFTH ST					
CITY/TOWN:	CHELSEA	STATE: MA	ZIP C	CODE:	02150	
	ARREDONDO, HECTOR R.	ΓΥΡΕ OF LICENSE: Re	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRI	ESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	3		_
	OF LICENSED PRE					
TWO ROOMS,	STREET FLOOR AN	D BASEMENT FOR S	STORAGE			
I hereby certify	and swear under penal	ties of perjury that:				
1. the re	enewed license will be	of the same type for the	e same pren	nises now	licensed;	
2. the li	censee has complied v	vith all laws of the Com	monwealth	relating t	o taxes; and	
3. the p	remises are now open	for business (If not exp	lain below)			
CICNED DV						
SIGNED BY	Individual, Part	ner or Authorized Corp	orate Office	er		
		·				
DATE:	ты бол	ONE NUMBER:	E	EMPLOYE	R IDENTIFICAT	TION NUMBER:
	TELETT	ONE NUMBER.				Security Number)
Acts of 2004, s	igned by the building	are in possession (1) the inspector and the head of liquor liability ins	d of the fir	e depart	ment for the	above
Please Check Below	<u>v:</u>		LOCAL	L LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVE						
(If disapproved	explain)					
DATE:						



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LICENSE NUMBE	R: 020200034		CITY OR TOWN	CHELSEA	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: CHELSEA YA	CHT CLUB, INC.			
DOING BUSINESS	S A				
ADDRESS ONE B	ROADWAY				
CITY/TOWN: CH	ELSEA	STATE: MA	ZIP CODE:	02150	
	MMINO, GELO	ГҮРЕ OF LICENSE: <mark>Ch</mark>	ıb C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		<u>-</u>
DESCRIPTION OF					
TWO STORY WOO AND EXITS ON E		JCTURE;APPROX SIZ	E 60 X 50 WITH T	WO ENTRA	NCES
I hereby certify and	swear under penal	ties of perjury that:			
1. the renev	wed license will be	of the same type for the	same premises now	v licensed;	
2. the licen	see has complied v	with all laws of the Comr	nonwealth relating t	to taxes; and	
3. the prem	ises are now open	for business (If not expl	ain below)		
SIGNED BY					
	Individual, Part	tner or Authorized Corpo	orate Officer		
DATE:	TELEPH	ONE NUMBER:			FION NUMBER: Security Number)
			(1401c. <u>1401</u> III	uividuai Sociai S	security Number)
Acts of 2004, signe	ed by the building	are in possession (1) the ginspector and the head e of liquor liability insu	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:	<u> </u>		By:		
DISAPPROVED:	loin)				
(If disapproved exp	14111)				
DATE:					



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LICENSE NUMBER: 02020	0036	CITY OR TOW	VN CHELSEA
APPLICATION FOR RENE	WAL: An	nual LIC	ENSED FOR 2013
	CL	ASS	YEAR
LICENSEE NAME: WINN	IISIMMET ATHLETIC	AND SOCIAL CLUB IN	C.
DOING BUSINESS A			
ADDRESS 215 SHURTLEF	FST.		
CITY/TOWN: CHELSEA	STATE	: MA ZIP CODE:	02150
MANAGER: BOUCHIE,R D	ICHAR TYPE OF LICE	NSE: Club	CATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE AI	LSO VISIT OUR WEBSITE AND ENT	ER YOUR EMAIL ADDRESS	<u></u>
DESCRIPTION OF LICENS			
LARGE HALL ON FIRST F HALL, KITCHEN AND COA		,OFFICES, BASEMENT	, ONE LARGE
I hereby certify and swear un	der penalties of perjury t	hat:	
1. the renewed licen	se will be of the same typ	e for the same premises n	now licensed;
	•	the Commonwealth relatir	ng to taxes; and
3. the premises are n	now open for business (If	not explain below)	
SIGNED BY	dual Danturan an Austhania	ad Camanata Office	
IIIQIVI	dual, Partner or Authoriz	ed Corporate Officer	
DATE:		EN EDI O	VED IDENTIFICATION AND IDEN
DATE.	TELEPHONE NUMBE	ν.	YER IDENTIFICATION NUMBER: 'Individual Social Security Number)
		(· · · · · · <u>- · · · · · · · · · · · · </u>	. marriada social socially riamsory
Acts of 2004, signed by the	building inspector and	the head of the fire depart	uired by Chapter 304 of the artment for the above by Chapter 116 of the Acts
Please Check Below:		LOCAL LICE	ENSING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			_
		-	
DATE:			



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LICENSE NUMBE	K: 020200037		CITY OR TO	JWN CHELSEA	4
APPLICATION FO	OR RENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME	: FRENCH NATU	RALIZATION CLU	B INC		
DOING BUSINESS	S A				
ADDRESS 242 SP	ENCER AVE				
CITY/TOWN: CH	IELSEA	STATE: MA	ZIP COD	DE: 02150	
MANAGER: RA	CKI,DEBORAH T	YPE OF LICENSE:	Club	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREM	IISES:			
ENTRANCE, TWO FOR STORAGE) ROOMS ON FIRS	T FLOOR,ONE RO	OM,KITCHEN A	AND SECOND F	LOOR
I hereby certify and	swear under penalti	es of perjury that:			
1. the rene	wed license will be o	of the same type for t	he same premises	s now licensed;	
2. the licen	see has complied wi	th all laws of the Co	mmonwealth rela	iting to taxes; and	
3. the prem	nises are now open for	or business (If not ex	plain below)		
SIGNED BY	Individual, Partn	er or Authorized Con	porate Officer		
DATE:	TELEDIA	NIE NILIMDED.	EMPI	LOYER IDENTIFICA	TION NUMBER
	TELEPHO	NE NUMBER:		OT Individual Social	
Acts of 2004, sign	ed by the building i	re in possession (1) inspector and the ho of liquor liability in	ead of the fire de	epartment for the	e above
Please Check Below:	7		LOCAL LI	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	lain)				
(11 disapproved exp	14111)				
DATE.					
DATE:					
APPLICATION FOR RENI	EWAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVEM	BER (M.G.L. Ch. 138 \$	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 020200039		CITY OR TOWN CHELSEA
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
DOING BUSIN	ME: ACUNA RESIESS A PLAZA ME -70 WASHINGTON		ON
CITY/TOWN:		STATE: MA	ZIP CODE: 02150
MANAGER:			
		TYPE OF LICENSE: Res	taurant CATEGORY: All Alcohol
EMAIL ADDR		OVID WEDGINE AND ENVERN VOLUE FIN	ALV ADDRESS
DESCRIPTION	OF LICENSED PR	OUR WEBSITE AND ENTER YOUR EM EMISES:	IAIL ADDRESS
			ET LEVEL AND CELLAR FOR
I hereby certify	and swear under per	alties of perjury that:	
1. the r	enewed license will	be of the same type for the	same premises now licensed;
	-		nonwealth relating to taxes; and
3. the p	oremises are now ope	en for business (If not expla	in below)
SIGNED BY	Individual, Pa	artner or Authorized Corpo	rate Officer
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	12221		(Note: <u>NOT</u> Individual Social Security Number)
33 7 41 1	• 1 44 441 4		
Acts of 2004, s	igned by the buildi	ng inspector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts
Acts of 2004, s named license of 2010. Please Check Below APPROVED: DISAPPROVE	igned by the building and (2) the certificand with	ng inspector and the head	of the fire department for the above
Acts of 2004, s named license of 2010. Please Check Below APPROVED:	igned by the building and (2) the certificand with	ng inspector and the head	of the fire department for the above rance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
Acts of 2004, s named license of 2010. Please Check Below APPROVED: DISAPPROVE	igned by the building and (2) the certificand with	ng inspector and the head	of the fire department for the above rance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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LICENSE NUMBER: 02020004	40	CITY OR TOWN CHELSE	EA
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: NEW BR	RIDGE CAFE, INC		
DOING BUSINESS A NEW B	RIDGE CAFE		
ADDRESS 650 WASHINGTO	N AVE		
CITY/TOWN: CHELSEA	STATE: MA	ZIP CODE: 02150	
MANAGER: MCCARTHY, EDWARD J.	TYPE OF LICENSE: Re	staurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSEI			
THREE ROOMS STREET FLO STORAGE	OOR, CELLAR FOR STORAC	GE,STREET ROOM FLOOR F	FOR
I hereby certify and swear under	r penalties of perjury that:		
1. the renewed license	will be of the same type for the	e same premises now licensed;	
2. the licensee has com	plied with all laws of the Com	monwealth relating to taxes; an	d
3. the premises are now	v open for business (If not expl	ain below)	
SIGNED BY			
Individua	al, Partner or Authorized Corpo	orate Officer	
DAME			
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Social	
		(170te. 1701 Individual 50ch	ar security (varioer)
We the undersigned, attest th Acts of 2004, signed by the bunamed license and (2) the cer of 2010.	ilding inspector and the head	d of the fire department for t	he above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUM	BER: 020200041		CITY OR TOWN	CHELSEA
APPLICATION	FOR RENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAM DOING BUSINI	ME: MERRITT SOC ESS A	IAL & ATHLETIC AS	SSOCIATION, INC.	
ADDRESS 101	WEBSTER AVENUE			
CITY/TOWN:	CHELSEA	STATE: MA	ZIP CODE:	02150
	ΓAMMARO, T ANTHONY	YPE OF LICENSE:CI	ub C	CATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
FUNCTION RO I hereby certify a 1. the re 2. the lie	OF LICENSED PREM OM UPSTAIRS AND and swear under penalt enewed license will be a censee has complied we remises are now open f	FOUR ROOMS DOWnies of perjury that: of the same type for the ith all laws of the Com	VNSTAIRS e same premises now monwealth relating to	
SIGNED BY	Individual, Partr	ner or Authorized Corp	orate Officer	
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, si	gned by the building	inspector and the hea	d of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below APPROVED: [DISAPPROVED] (If disapproved 6	D:		LOCAL LICENS By:	SING AUTHORITY



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LICENSE NUMBER	R: 020200043		CITY OR TOWN CHI	ELSEA
APPLICATION FOR	R RENEWAL:	Annual	LICENSED I	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	Parrotta's Alpine Lo	odge, Inc		
DOING BUSINESS	A PARROTTA'S AI	LPINE LODGE		
ADDRESS 073-77 V	VINNISIMMET ST.			
CITY/TOWN: CHE	ELSEA	STATE: MA	ZIP CODE: 021	50
MANAGER: PAR	ROTTA, GUY TYF	'E OF LICENSE: Re	estaurant CATEG	ORY: All Alcohol
EMAIL ADDRESS:				
į.	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
THREE ROOMS AN	ND CELLAR FOR ST	ΓORAGE		
I hereby certify and s	wear under penalties	of perjury that:		
1. the renew	ed license will be of	the same type for the	e same premises now licens	sed;
2. the license	ee has complied with	all laws of the Com	monwealth relating to taxe	s; and
3. the premi	ses are now open for	business (If not exp	lain below)	
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHON	E NUMBER:		TIFICATION NUMBER: Social Security Number)
Acts of 2004, signed	d by the building ins	spector and the hea	ne certificate required by ad of the fire department t urance required by Chap	for the above
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	IIII <i>)</i>			
DATE:				
APPLICATION FOR RENEV	VAL MUST BE FILED BY LI	CENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. CI	n. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:020200046		CITY OR TOWN	CHELSEA	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SAR BROTHE	RS CONVENIENCE			
DOING BUSINESS .	A STOP N GO				
ADDRESS 354 WAS	SHINGTON STR	EET			
CITY/TOWN: CHE	LSEA	STATE: MA	ZIP CODE:	02150	
MANAGER: MUH SALE		ΓΥΡΕ OF LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
ī	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF I					
		NE USED FOR STORA	AGE		
I hereby certify and s	•			1. 1	
		of the same type for the	=		
	-	vith all laws of the Com for business (If not exp	•	o taxes; and	
3. the premis	ies are now open	ioi ousiness (ii not exp	iam ociow)		
SIGNED BY					
SIGNED DT	Individual, Part	ner or Authorized Corp	orate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPLOYER	DENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social So	ecurity Number)
Please Check Below:			LOCAL LICENS	INIC ALITH	DITV
APPROVED:			LOCAL LICENS By:	ING AUTHO	JKII I
DISAPPROVED:			Dy.		
(If disapproved expla	in)				
D 4 575					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 020200048		CITY OR TOWN	CHELSEA	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: LUCKY MINGA INC				
DOING BUSINESS A CHELSEA LIQUOR	MART			
ADDRESS 182-84 BROADWAY				
CITY/TOWN: CHELSEA	STATE: MA	ZIP CODE:	02150	
MANAGER: CHE, HONG KHAY TYPE O	OF LICENSE:	Package Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSI'	E AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISES				
STREET FLOOR AND CELLAR FOR STO				
I hereby certify and swear under penalties of perjury that:				
1. the renewed license will be of the same type for the same premises now licensed;				
2. the licensee has complied with all			o taxes; and	
3. the premises are now open for bus	iness (If not ex	plain below)		
SIGNED BY Individual, Partner or	Authorized Co.	morata Officar		
marviduai, Fartilei oi .	Aumonzeu Coi	porate Officer		
DATE: TELEPHONE N	IIMRFR:	EMPLOYEI	R IDENTIFICAT	TION NUMBER:
TEEL HONE I	ONIBER.	(Note: NOT Inc	dividual Social S	ecurity Number)
Please Check Below:		LOGAL LIGEN		
APPROVED:		LOCAL LICENS By:	SING AUTHO	JRII I
DISAPPROVED:		By.		
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0202000)49	CITY OR TOWN CHE	ELSEA
APPLICATION FOR RENEW	Annual Annual	LICENSED F	FOR 2013
	CLASS		YEAR
LICENSEE NAME: CARIBI	BEAN LIQUOR, INC		
DOING BUSINESS A CARIF	BBEAN LIQUOR INC.		
ADDRESS 399 BROADWAY			
CITY/TOWN: CHELSEA	STATE: MA	ZIP CODE: 021	50
MANAGER: REYES, BART	OLO TYPE OF LICENSE: Pa	ackage Store CATEG	ORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
GROUND FLOOR RETAIL S ENTRANCE AND BASEMEN		A WITH FRONT ENTRAM	NCE,BACK
I hereby certify and swear under	er penalties of perjury that:		
1. the renewed license	will be of the same type for th	e same premises now licens	sed;
2. the licensee has con	nplied with all laws of the Com	nmonwealth relating to taxes	s; and
3. the premises are no	w open for business (If not exp	plain below)	
SIGNED BY			
Individu	nal, Partner or Authorized Corp	oorate Officer	
DATE			
DATE:	ELEPHONE NUMBER:		TIFICATION NUMBER:
		(Note. NOT individual	Social Security Number)
Please Check Below:		LOCAL LICENSING	A LUTLI O DUTLI
APPROVED:		LOCAL LICENSING A	AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 020200050		CITY OR TOWN CHELSEA	L
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE NAME:	CHAPPY PANT	RY, INC.		
DOING BUSINESS A	A HELLER'S LIQ	UOR MART		
ADDRESS 429 BRO	ADWAY			
CITY/TOWN: CHE	LSEA	STATE: MA	ZIP CODE: 02150	
MANAGER: CHAN	N, JIMMY H TY	YPE OF LICENSE: Pac	kage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREM	IISES:		
STORE ON FIRST F	LOOR,BACKRO	OM AND CELLAR FO	OR STORAGE	
I hereby certify and sv	wear under penaltic	es of perjury that:		
1. the renewe	ed license will be o	of the same type for the	same premises now licensed;	
2. the license	e has complied wi	th all laws of the Comn	nonwealth relating to taxes; and	
3. the premis	es are now open fo	or business (If not expla	in below)	
SIGNED BY				
	Individual, Partne	er or Authorized Corpo	rate Officer	
				1
DATE:	TEL EPHO	NE NUMBER:	EMPLOYER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEETHO	NE WOWIDER.	(Note: NOT Individual Social S	Security Number)
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	in)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 020200051		Cl	ΓΥ OR TOV	VN CHELSEA	
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2013			013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 900 BRO	A CASELLA'S LIQ		PHAM I	ENTERPRIS	SES,INC	
			. .	ZID CODE	00150	
CITY/TOWN: CHE			ΊA	ZIP CODE		
MANAGER: PHAI	M,QUY TITL TYI	PE OF LICENSE	:Packag	e Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W		UR EMAIL	ADDRESS		
DESCRIPTION OF I			EDCTE	D AME		
			EDSIE	KAVE		
I hereby certify and s	_			·	1 1.	
	ed license will be of			_		
	ee has complied with				ng to taxes; and	
3. the premis	ses are now open for	business (If not e	explain b	elow)		
SIGNED BY	Individual Dantage	om Authomizad C		Officer		
	Individual, Partner	or Authorized C	orporate	Officer		
DATE:				EMDLO	YER IDENTIFICAT	FION NI IMPER.
DATE.	TELEPHON	E NUMBER:			Individual Social S	
						•
Please Check Below:			L	OCAL LICE	ENSING AUTH	ORITY
APPROVED:			В	sy:		
DISAPPROVED:						
(If disapproved expla	in)		=			
			_			
DATE:			=			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 020200052		CITY OR TOWN CHELSEA	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: BANWAIT L DOING BUSINESS A ONE STOP ADDRESS 141 CENTRAL AVENU	LIQUORS JE	ZID CODE. 02150	
CITY/TOWN: CHELSEA MANAGER: SAINL CURRELET	STATE: MA	ZIP CODE: 02150	All Alachal
MANAGER: SAINI, GURPREET	TIPE OF LICENSE: Pac	kage Store CATEGORY:	All Alconol
EMAIL ADDRESS:	OUR WEBSITE AND ENTER YOUR EN	TAIL ADDDESS	
DESCRIPTION OF LICENSED PR ONE ROOM,STREET FLOOR AN	EMISES:		
	be of the same type for the l with all laws of the Comm	same premises now licensed; nonwealth relating to taxes; and nin below)	
SIGNED BY Individual, Pa	artner or Authorized Corpo	rate Officer	
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS	ORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 020200	054	CITY OR TOWN	CHELSEA
APPLICATION FOR RENEV	VAL: Annual	LICEN	ISED FOR 2013
	CLASS		YEAR
LICENSEE NAME: Fine M	art LLC		
DOING BUSINESS A			
ADDRESS 266-266 BROAD	WAY		
CITY/TOWN: CHELSEA	STATE: MA	ZIP CODE:	02150
MANAGER: Vo, Minh Hac	TYPE OF LICENSE:P	ackage Store C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSI	ED PREMISES:		
	STREET LEVEL,ENT/EXIT AN ENT/EXIT AT THE REAR		
SIGNED BY	ow open for business (If not expuse) ual, Partner or Authorized Corp		
DATE: T	ELEPHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Please Check Below: APPROVED:			SING AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 020200055		CITY OR TOWN CHEL	SEA
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
DOING BUSII	AME: CESAR FER NESS A CESAR FE WILLIAMS ST			
CITY/TOWN:		STATE: MA	ZIP CODE: 02150)
MANAGER:	FERNANDEZ, RAFAEL	TYPE OF LICENSE:P		
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT	TOUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PI OR AND CELLAR I			
2. the	licensee has complie premises are now op	· -		
	marvidai, i	artier of ridinorized corp	Solute Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Please Check Beld APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AU By:	JTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J20200056		CITY OR TOWN	CHELSEA	
APPLICATION FOR I	RENEWAL:	Annual	LICENS	ED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	PRAYOSHA ENT	TERPRISES,INC.			
DOING BUSINESS A	PRATTVILLE N	MART			
ADDRESS 00383C W	ASHINGTON AV	Æ.			
CITY/TOWN: CHEL	SEA	STATE: MA	ZIP CODE:	02150	
MANAGER: PATEI	"JIGNESH N.TY	PE OF LICENSE: Pa	ckage Store CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMI	SES:			
ENTRANCE,REAR E	XIT TO PARKIN	G LOT FACING HO	OOTEN WAY		
3. the premise	•	all laws of the Combusiness (If not exp	monwealth relating to lain below)	taxes; and	
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	IE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED:]		LOCAL LICENSI By:	NG AUTHO	ORITY
(If disapproved explain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 020200060		CITY OR TOW	N CHELSEA	L
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SAMIR, INC.				
DOING BUSINESS	A TEDESCHI FOOI	D SHOPS			
ADDRESS 178-82 V	WASHINGTON AVE				
CITY/TOWN: CHI	ELSEA	STATE: MA	ZIP CODE:	02150	
	WAN, MS. TYP SCHE D.	E OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:			
4100 SQ FT STORE EXIT ON RIGHT R	E WITH MAIN ENTR EAR OF BLDG	ANCE AND EXIT	F ON WASHINGT	ON AVE AND	FIRE
2. the licens	red license will be of the ee has complied with sess are now open for	all laws of the Con	nmonwealth relating		
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHONI	E NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.)	ain)		LOCAL LICEN	NSING AUTH	ORITY
DATE:			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 020200063		CITY OR TOWN CHELSEA	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: NANCY SE	RNA		
DOING BUSINESS A RANCHO	LAS PUPUSAS		
ADDRESS 36 SECOND ST			
CITY/TOWN: CHELSEA	STATE: MA	ZIP CODE: 02150	
MANAGER:	TYPE OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PI			
FIRST FLOOR; NINE TABLES W CHESTNUT ST WITH BACK DC			AND
2. the licensee has complied 3. the premises are now operation of SIGNED BY	· -		
mar radur, r	uraner of Figure 1200 Corpo		
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
We the undersigned, attest that vacts of 2004, signed by the build named license and (2) the certific of 2010.	ing inspector and the head	l of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTHO	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved expiaiii)			
DATE:			



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LICENSE NUMBER: 020	200065	CITY OR TOWN CHELSEA
APPLICATION FOR REN	NEWAL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: TIJU DOING BUSINESS A ADDRESS 164 BROADW	UANA MEXICAN FOOD, INC.	
CITY/TOWN: CHELSE		ZIP CODE: 02150
MANAGER: MORENO GILBERT	, TYPE OF LICENSE: F	
EMAIL ADDRESS:		
DESCRIPTION OF LICE.	EALSO VISIT OUR WEBSITE AND ENTER YOUR NSED PREMISES:	EMAIL ADDRESS
 the renewed lic the licensee has 	under penalties of perjury that: ense will be of the same type for the complied with all laws of the Complete now open for business (If not ex	mmonwealth relating to taxes; and
SIGNED BY	ividual, Partner or Authorized Cor	porate Officer
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by t	he building inspector and the he	the certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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LICENSE NUI	MBER: 020200068		CITY OR TOWN	CHELSEA
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: MAPLE HOT	EL COMPANY		
DOING BUSI	NESS A WYNDHAM	I HOTEL		
ADDRESS 20	1 EVERETT AVE			
CITY/TOWN:	CHELSEA	STATE: MA	ZIP CODE:	02150
MANAGER:	ROBERTO, RICHARD	TYPE OF LICENSE: Ir	nnholder C	CATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
-	N OF LICENSED PRI			
SPACE, 56 SE		OTEL WITH 180 GUE 66 SEAT LOUNGE, CU TT AVE		
I hereby certify	and swear under pena	alties of perjury that:		
, ,	•	e of the same type for the	ne same premises nov	v licensed;
2. the	licensee has complied	with all laws of the Con	nmonwealth relating	to taxes; and
3. the	premises are now oper	n for business (If not exp	olain below)	
SIGNED BY	Individual, Pa	rtner or Authorized Corp	porate Officer	
DATE:	TELEPI	HONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004,	signed by the buildin	g inspector and the he	ad of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Belo	DW:		LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i expiain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 020200069		CITY OR	R TOWN CHELSE	A
APPLICATION FO	R RENEWAL:	Annual		LICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME:	GALDAMEZ ENTE	ERPRISES, INC.			
DOING BUSINESS	A RESTAUANTE M	ETA PAN			
ADDRESS 339 BRO	OADWAY STREET				
CITY/TOWN: CHI	ELSEA	STATE: MA	ZIP C	CODE: 02150	
	DAMEZ, TYPI JARDO	E OF LICENSE: R	estaurant	CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR	EMAIL ADDRESS	5	
	LICENSED PREMISI				
WINE AND FOOD,	FOR USE OF FIRST A KITCHEN LOCATE ND FLOOR AND BAS	D ON THE FIRST			
I hereby certify and	swear under penalties of	of perjury that:			
1. the renew	ved license will be of the	ne same type for th	e same pren	nises now licensed;	
2. the licens	see has complied with a	all laws of the Con	nmonwealth	relating to taxes; and	I
3. the premi	ises are now open for b	usiness (If not exp	olain below)		
SIGNED BY	Individual, Partner o	or Authorized Corp	porate Office	er	
DATE:	TELEPHONE	NUMBER:	E	EMPLOYER IDENTIFICA	ATION NUMBER:
			(Note	e: NOT Individual Social	Security Number)
Acts of 2004, signe	ed, attest that we are i d by the building insp (2) the certificate of l	ector and the he	ad of the fir	e department for th	e above
Please Check Below:			LOCAL	LICENSING AUTH	HORITY
APPROVED:			By:		
DISAPPROVED:	.:.)				
(If disapproved expl	am)				
DATE:					



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LICENSE NUM	BEK: 020200072		CITY OR TOV	VN CHELSEA	L
APPLICATION	FOR RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAM	ME: CINCO DE M	IAYO MEXICAN REST	TAURANT, INC		
DOING BUSIN	ESS A				
ADDRESS 139	WINNISIMMET ST	TREET			
CITY/TOWN:	CHELSEA	STATE: MA	ZIP CODE	: 02150	
MANAGER: (CHINO, JOSE	TYPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	OF LICENSED PR				
	NTRANCES, TWO AREA, KITCHEN,	SEATING AREAS, MI STORAGE.	ENS AND WOM	ANS LAVATOR	RIES,
I hereby certify a	and swear under pena	alties of perjury that:			
1. the re	enewed license will b	be of the same type for the	ne same premises	now licensed;	
2. the lie	censee has complied	with all laws of the Con	nmonwealth relati	ng to taxes; and	
3. the pr	remises are now oper	n for business (If not exp	plain below)		
SIGNED BY	Individual, Pa	urtner or Authorized Cor	porate Officer		
DATE:	TELEPI	HONE NUMBER:		OYER IDENTIFICAT	
Acts of 2004, si	gned by the buildin	e are in possession (1) t ng inspector and the he ite of liquor liability ins	ad of the fire dep	artment for the	above
Please Check Below	<u>:</u>		LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED (If disapproved e					
(11 disapproved e	Apiani)				
DATE:					
APPLICATION FOR R	ENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBE	ER (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 020200073		CITY	OR TOWN	CHELSEA	
APPLICATION FO	OR RENEWAL:	Annual		LICEN	ISED FOR 20)13
		CLASS				YEAR
LICENSEE NAME DOING BUSINESS		OR LIVING ASSOCIATES SEA CITY	S, INC			
ADDRESS 173 WA	ASHINGTON A	VE				
CITY/TOWN: CH	IELSEA	STATE: MA	ZI	P CODE:	02150	
MANAGER: FIN CH.	IDLEY, ARLES A	TYPE OF LICENSE: Res	staurant	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	3 :					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDI	RESS		
DESCRIPTION OF	F LICENSED PR	EMISES:				
		ITH FRONT AND REAR GROOM AND RESTROO		, KITCHEN	AND STORA	AGE
	nises are now ope	d with all laws of the Commen for business (If not explanation of the Commen for business (If not explanation of the Commen for business (If not explanation of the Commen for business (If not explanation) articles (I	ain belo	w)		
DATE:	TELEP	PHONE NUMBER:	(1			TON NUMBER: ecurity Number)
Acts of 2004, sign	ed by the buildi	ve are in possession (1) the ng inspector and the head ate of liquor liability insu	d of the	fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOC By:	AL LICENS	SING AUTHO	ORITY
DATE:						



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LICENSE NUMBER:	020200074		CITY OR TOW	N CHELSEA	L
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	GRAN CHIMU, I	NC.			
DOING BUSINESS A	LAS PALMAS I	RESTAURANT			
ADDRESS 044-48 CE	NTRAL AVE				
CITY/TOWN: CHEL	SEA	STATE: MA	ZIP CODE:	02150	
MANAGER: RIVER ANTH		PE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION OF LI					
3 ROOMS CONSISTI LADIES AND MENS					Λ;
I hereby certify and sw	•				
		f the same type for the	•		
	•	h all laws of the Comn r business (If not expla		g to taxes; and	
	s are now open to	r ousmoss (ir not expre			
SIGNED BY					
	Individual, Partne	r or Authorized Corpo	rate Officer		
DATE:			EMBLOS	ZED IDENTIFICATI	EION MIMPER
DATE.	TELEPHON	NE NUMBER:		YER IDENTIFICAT Individual Social S	
					-
We the undersigned, Acts of 2004, signed					
named license and (2 of 2010.					
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 020200075		CITY OR TOWN	CHELSEA		
APPLICATION FOR	RENEWAL:	Annual	LICENSE	ED FOR 2013		
		CLASS		YEAR		
LICENSEE NAME: DOING BUSINESS A		ONVENIENCE C	ORPORATION			
ADDRESS 354 WAS	HINGTON AVE					
CITY/TOWN: CHE	LSEA	STATE: MA	ZIP CODE:	02150		
MANAGER: SALE MED	EM,MUHAM TYPE	OF LICENSE: Pa	ckage Store CAT	TEGORY: Wine and Malt Regular		
EMAIL ADDRESS:						
I	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF I	LICENSED PREMISE	S:				
	RST FLOOR, STORA		EZER AND COOLER, I, ENTRANCE AND I			
2. the license		ll laws of the Com	same premises now lice monwealth relating to to ain below)			
SIGNED BY	Individual, Partner or	r Authorized Corp	orate Officer			
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENSIN By:	NG AUTHORITY		
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 020200076		CITY OR TOWN CHELS	EA		
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2 2013		
		CLASS		YEAR		
LICENSEE NAME: DOING BUSINESS ADDRESS 699 BRO	A YOGI'S VARIET					
CITY/TOWN: CHE		STATE: MA	ZIP CODE: 02150			
MANAGER: PATE				Y: Wine and		
MANAGER. TATE	EL, ASHISH B. 11.	i L of Election.	ckage Store CATEGOR	Malt Regular		
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF I	LICENSED PREMI	SES:				
FRONT CORNER EI BASEMENT	NTRANCE, REAR	EXIT, SHELF SPAC	CE, COOLER FREEZER STO	RAGE IN		
	•	n all laws of the Com business (If not expl	monwealth relating to taxes; as ain below)	nd		
SIGNED DI	Individual, Partner	r or Authorized Corp	orate Officer			
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENSING AUBy:	THORITY		
DATE:						



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LICENSE NUMBER	: 020200077		CITY OR TOW	'N CHELSEA	L
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	L & D VARIETY I	NC.			
DOING BUSINESS	A BROADWAY VA	ARIETY TWO			
ADDRESS 469 EAS	TERN AVENUE				
CITY/TOWN: CHE	LSEA	STATE: MA	ZIP CODE:	02150	
MANAGER: NGU	YEN, LE THI TYP	E OF LICENSE:Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
j	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF I					
CONSISTING OF O	NE FLOOR, APPRO	X. 460 SQUARE F	EET WITH DOO	R ON EASTE	RN AVE.
2. the license	ed license will be of to ee has complied with ses are now open for l	all laws of the Com	monwealth relatin		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONI	E NUMBER:		YER IDENTIFICA' Individual Social S	
Please Check Below: APPROVED:			LOCAL LICE By:	NSING AUTH	ORITY
DISAPPROVED: [(If disapproved explain)	in)				
DATE:					
APPLICATION FOR RENEW	AL MUST BE FILED BY LIG	CENSEES DURING THE M	MONTH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

		CITY OR TOWN CHELSEA	L
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: LAS PUPUS	SAS DEL CHINO, INC.		
DOING BUSINESS A			
ADDRESS 92 WASHINGTON A	VE.		
CITY/TOWN: CHELSEA	STATE: MA	ZIP CODE: 02150	
MANAGER: LOPEZ, LUCIA	TYPE OF LICENSE: Resta	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	_
DESCRIPTION OF LICENSED P			
SINGLE STORY CONSISTING OR ROOMS, STORAGE, ONE FROM			
I hereby certify and swear under pe	enalties of perjury that:		
	l be of the same type for the same	•	
•		onwealth relating to taxes; and	
3. the premises are now op	pen for business (If not explain	n below)	
SIGNED BY			
	Partner or Authorized Corpora	ate Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICAT	ΓΙΟΝ NUMBER:
		(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the head	of the fire department for the	above
Acts of 2004, signed by the build named license and (2) the certific of 2010. Please Check Below:	ling inspector and the head	of the fire department for the	e above 6 of the Acts
Acts of 2004, signed by the build named license and (2) the certific of 2010. Please Check Below: APPROVED:	ling inspector and the head	of the fire department for the nnce required by Chapter 110	e above 6 of the Acts
Acts of 2004, signed by the build named license and (2) the certific of 2010. Please Check Below:	ling inspector and the head	of the fire department for the ance required by Chapter 110 LOCAL LICENSING AUTH	e above 6 of the Acts
Acts of 2004, signed by the build named license and (2) the certific of 2010. Please Check Below: APPROVED: DISAPPROVED:	ling inspector and the head	of the fire department for the ance required by Chapter 110 LOCAL LICENSING AUTH	e above 6 of the Acts



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LICENSE NUMBER: 02020	10079	CITY OR TO	OWN CHELSEA	
APPLICATION FOR RENE	EWAL: Annu	ıal I	ICENSED FOR 20	013
	CLA	SS		YEAR
LICENSEE NAME: ACAI	PULCO MEXICAN REST	AURANT INC.		
DOING BUSINESS A RAN	ICHO GRANDE			
ADDRESS 238 FIFTH ST				
CITY/TOWN: CHELSEA	STATE:	MA ZIP COI	DE: 02150	
MANAGER: FLORES JR A.	., LUIS TYPE OF LICEN	SE: Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER	R YOUR EMAIL ADDRESS		
DESCRIPTION OF LICENS				
TWO ROOMS, KITCHEN,	STREET FLOOR WITH (CELLAR FOR STOR	RAGE	
2. the licensee has c 3. the premises are r SIGNED BY	ase will be of the same type complied with all laws of the now open for business (If n	e Commonwealth relation ot explain below)		
DATE:	TELEPHONE NUMBER:		LOYER IDENTIFICAT	
		(Note: <u>N</u>	OT Individual Social S	Security Number)
We the undersigned, attess Acts of 2004, signed by the named license and (2) the of 2010.	e building inspector and t	he head of the fire d	epartment for the	above
Please Check Below:		LOCAL L	ICENSING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(11 disapproved explain)		_		
DATE:				



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LICENSE NUMBER:	020200080	•	CITY OR TOWN	CHELSEA	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CASA MARIACH	INC.			
DOING BUSINESS A	CASA MARIACI	Н			
ADDRESS 49 EVERI	ETT AVE.				
CITY/TOWN: CHEI	LSEA	STATE: MA	ZIP CODE:	02150	
MANAGER: PERE	Z, ELCIDE TYP	PE OF LICENSE: Resta	aurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EMA	AIL ADDRESS		J
DESCRIPTION OF L	ICENSED PREMIS	SES:			
	NT; DINING AREA	A, KITCHEN, RESTR	OOMS AND SER	VICE ENTR	ANCE
IN REAR.					
I hereby certify and sw	vear under penalties	of perjury that:			
1. the renewed	d license will be of	the same type for the s	ame premises now	licensed;	
2. the licensee	e has complied with	all laws of the Commo	onwealth relating t	o taxes; and	
3. the premise	es are now open for	business (If not explain	n below)		
SIGNED BY					
	Individual, Partner	or Authorized Corpora	ate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
			(Note: NOT Inc	dividual Social S	ecurity Number)
We the undersigned	attact that we are	in possession (1) the	cartificata raquir	ad by Chant	or 301 of the
		pector and the head			
named license and (2		liquor liability insura			
of 2010.					
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
			-		
DATE.					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 020	200081	(CITY O	R TOWN	N CHELSEA	
APPLICATION FOR RE	NEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: RA DOING BUSINESS A T		N				
ADDRESS 55 EVERETT	AVE					
CITY/TOWN: CHELSE	A ST	ATE: MA	ZIP	CODE:	02150	
MANAGER: RAUDA, SALVAD		LICENSE: Resta	aurant	(CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEAS	E ALSO VISIT OUR WEBSITE AN	ND ENTER YOUR EMA	AIL ADDRE	SS		_
DESCRIPTION OF LICE	NSED PREMISES:					
FRONT ENTRANCE, REFIRST FLOOR. STORAG		OOM, KITCHI	EN, ST(ORAGE,	BATHROOM	ON
SIGNED BY	e now open for busines					
DATE:	TELEPHONE NUM	MBER:	(No		ER IDENTIFICAT	
We the undersigned, att Acts of 2004, signed by named license and (2) th of 2010.	the building inspector	and the head	of the fi	re depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCA By:	L LICEN	ISING AUTH	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	020200083		CITY OR TOV	VIN CHELSEA	L
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	-				
ADDRESS 8 Washing	ton St				
CITY/TOWN: CHEL	SEA	STATE: MA	ZIP CODE	: 02150	
MANAGER: Nasra,	Mohammed TY	YPE OF LICENSE: Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREM	ISES:			
convenience store with	front entrance, re	ear emergency exit. B	asement for stora	ıg	
SIGNED BY		or business (If not exp			
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICATION OF THE SECOND SECO	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 020200084		CITY OR TOWN	CHELSEA	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME	E: GUNATIT CORP	ORATION			
DOING BUSINES	S A ONE STOP MA	RKET			
ADDRESS 138 CF	ENTRAL AVE				
CITY/TOWN: CI	HELSEA	STATE: MA	ZIP CODE:	02150	
BH	YESH KUMAR, TY IIKHABHAI TEL	PE OF LICENSE:P	ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION O	F LICENSED PREMI	SES:			
CONVENIENCE S FOR STORAGE.	STORE WITH FRON	T ENTRANCE, RE.	AR EMERGENCY E	XIT, BASEM	ENT
I hereby certify and	d swear under penaltie	s of perjury that:			
1. the rene	ewed license will be of	the same type for the	e same premises now	licensed;	
	nsee has complied with		=	taxes; and	
3. the pren	mises are now open for	r business (If not exp	olain below)		
SIGNED BY	Individual Partne	r or Authorized Corp	orate Officer		
	marviduar, i artiic	of Audionzed Corp	Solute Officer		
DATE:	TELEDIJON	IE NIIIMDED.	FMPI OYER	IDENTIFICATI	ON NUMBER:
	TELEPHON	NE NUMBER:	(Note: NOT Ind		
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved exp	olain)				
	,				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 020200085		CITY OR TOWN CH	ELSEA
APPLICATION 1	FOR RENEWAL	: Annual	LICENSED I	FOR 2013
		CLASS		YEAR
DOING BUSINE	ME: SALEEM C ESS A MARKET DDISON STREE	DEL SOL		
CITY/TOWN: (STATE: MA	ZIP CODE: 021	150
MANAGER: N	MOHAMMED, ALEEM	TYPE OF LICENSE: P		
EMAIL ADDRE	SS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION (OF LICENSED P	PREMISES:		
MAIN ENTRAN ON ADDISON S		R OF ADDISON ANDS S	PRUCE STREETEMERG	ENCY EXIT
2. the lic	emises are now op	· -		
DATE:	TELE	PHONE NUMBER:		TIFICATION NUMBER: I Social Security Number)
Please Check Below: APPROVED: DISAPPROVED (If disapproved e):		LOCAL LICENSING By:	AUTHORITY
DATE:				



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LICENSE NUMBER: 020200086		CITY OR TOWN CHELS	EA
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	R 2013
	CLASS		YEAR
LICENSEE NAME: PEPPER DINING DOING BUSINESS A CHILI'S GRILL			
ADDRESS 1040 REVERE BEACH PK	WY		
CITY/TOWN: CHELSEA	STATE: MA	ZIP CODE: 02150	
MANAGER: FISHER, TYLER TY	YPE OF LICENSE: Rest	taurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	ISES:		
AREATWO SERVICE AREASAN AREAFOYER WITH A WAITING A ENTRANCE DOOR FACES REVERE CONNECTORAND EMERGENCY E CENTER	REAMEN'S ROOM A BEACH PKWYTO G	ND A LADIES' ROOMM O ENTRANCE FACES RT	. 1 /RT.16
the renewed license will be of the licensee has complied with the premises are now open for SIGNED BY	th all laws of the Comm	onwealth relating to taxes; a	
Individual, Partne	er or Authorized Corpor	rate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
We the undersigned, attest that we as Acts of 2004, signed by the building is named license and (2) the certificate of 2010.	nspector and the head	of the fire department for	the above
Please Check Below:		LOCAL LICENSING AU	THORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 020200087	•	CITY OR TOWN	CHELSEA	
APPLICATION FOR RENEWAL:	Annual CLASS	LICEN	SED FOR 201	3 YEAR
LICENSEE NAME: MOAG,INC. DOING BUSINESS A CURLY'S FALCOR	NS			
ADDRESS 158 BROADWAY				
CITY/TOWN: CHELSEA	STATE: MA	ZIP CODE:	02150	
MANAGER: MOLINA, EFRAIN I. TYPE	E OF LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM/	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMISE PRIVATE FUNCTION HALL ON TWO L ENTRANCES, KITCHEN, OFFICE AND S LEVEL ENTRANCE ON BROADWAY	EVELS WITH FRO TORAGE. PRIVAT		LLAT STREE	ET
1. the renewed license will be of th 2. the licensee has complied with a 3. the premises are now open for be	te same type for the s	onwealth relating to		
SIGNED BY Individual, Partner o	r Authorized Corpor	ate Officer		
DATE: TELEPHONE	NUMBER:		LIDENTIFICATION	
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.	ector and the head	of the fire departı	nent for the a	bove
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	RITY
DATE:				



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LICENSE NUMBER: 020200088		CITY OR TOWN CHELSEA	1
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: FATIMA WASHII DOING BUSINESS A ADDRESS 373 WASHINGTON AVEN			
CITY/TOWN: CHELSEA	STATE: MA	ZIP CODE: 02150	
MANAGER: INGLES, JUAN TY	PE OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
	EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS		D OF A TIME AND A MATERIAL AND A STATE OF THE AND A	
RESTAURANT WITH FRONT ENTRA BATHROOM, STORAGE	NCE, 13 TABLES FO	OR SEATING, KITCHEN,	
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of	the same type for the s	ame premises now licensed;	
2. the licensee has complied with	all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now open for	business (If not explai	n below)	
SIGNED BY			
Individual, Partner	or Authorized Corpor	rate Officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION OF THE PROPERTY OF T	
		(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	of the fire department for the	e above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER: 020)200090		CITY	OR TOWN	CHELSEA	
APPLICATION FOR RE	NEWAL:	Annu	al	LICEN	SED FOR 20	13
		CLAS	SS			YEAR
LICENSEE NAME: MA	ANDARIN BUFET	INC.				
DOING BUSINESS A						
ADDRESS 1100 REVER	BEACH PKWY					
CITY/TOWN: CHELSE	A	STATE:	MA Z	ZIP CODE:	02150	
MANAGER: YING, LI	N TYPE (OF LICEN	SE:Restaurar	nt C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	E ALSO VISIT OUR WEBSI	TE AND ENTER	YOUR EMAIL AD	DRESS		
DESCRIPTION OF LICE	ENSED PREMISES	S:				
FIRST FLOOR PREMISE CONSISTING OF APPRO STORAGE ROOM, ONE	OX. 3483 SQ FT W	VITH ONE	DINING RO			
I hereby certify and swear	under penalties of	perjury tha	t:			
	cense will be of the			_		
	s complied with all			•	o taxes; and	
3. the premises ar	re now open for bus	siness (If no	ot explain bel	low)		
SIGNED BY	lividual, Partner or	Authorizad	Cornorata C	Officer		
IIIQ	iividuai, raitilei oi	Aumonzeu	Corporate C	Milcei		
DATE:				EMDLOVEI	R IDENTIFICAT	ION NI IMPER.
DITTE.	TELEPHONE N	NUMBER:			lividual Social Se	
						•
We the undersigned, att Acts of 2004, signed by a named license and (2) the of 2010.	the building inspe	ctor and th	e head of th	e fire depart	ment for the	above
Please Check Below:			LO	CAL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:			_			



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LICENSE NUMBER:	020200091		CITY OR TOWN	CHELSEA	
APPLICATION FOR	RENEWAL:	Annual	LICENS	ED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME:	CHELSEA DOCKS	IDE INC.			
DOING BUSINESS A	DOCKSIDE REST	ΓAURANT			
ADDRESS 170 EVER	ETT AVENUE				
CITY/TOWN: CHEL	SEA	STATE: MA	ZIP CODE:	02150	
MANAGER: URBA LISA	CZEWSKI, TYPI	E OF LICENSE:Re	staurant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	ES:			
ONE FLOOR CONSIS OUTSIDE PATIO	STING OF DINING	ROOM, BAR, KIT	CHEN, OFFICE, LIC	UOR ROO	M AND
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	d license will be of the	he same type for the	same premises now l	icensed;	
2. the licensee	has complied with a	all laws of the Com	monwealth relating to	taxes; and	
3. the premise	es are now open for b	ousiness (If not expl	ain below)		
SIGNED BY			0.00		
	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:					
DATE:	TELEPHONE	E NUMBER:	EMPLOYER I (Note: <u>NOT</u> Indiv		ON NUMBER:
			(1101c. <u>1101</u> mur	riduai Sociai Sc	curity (valider)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	pector and the hea	d of the fire departm	ent for the	above
Please Check Below:			LOCAL LICENSI	NG AUTHO	RITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
					 ,
DATE:					



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LICENSE NUMBER: 020200092	(CITY OR TOWN CHELSEA	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: JIMERSON EN	TERPRISES LLC		
DOING BUSINESS A LARRY J'S HO	OUSE OF Q		
ADDRESS 950 BROADWAY			
CITY/TOWN: CHELSEA	STATE: MA	ZIP CODE: 02150	
MANAGER: JIMERSON, T LARRY	YPE OF LICENSE: Resta	aurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	_
DESCRIPTION OF LICENSED PREM			
BARBEQUE RESTAURNT WITH SE doors facing broadway; one exit overhe rest rooms all located on one floor.			
I hereby certify and swear under penalt 1. the renewed license will be 2. the licensee has complied w	of the same type for the s	•	
3. the premises are now open to		<u> </u>	
SIGNED BY Individual, Partr	ner or Authorized Corpor	ate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICAT	
		(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTHO	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved enpium)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 020200093		CITY	JK TOWN	CHELSEA	L
APPLICATION F	OR RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAMI	E: MI SALVADOR	AND MEXICANO, I	NC			
DOING BUSINES	SS A MI SALVADOF	R AND MEXICANO	RESTAU	JRANT		
ADDRESS 220-22	22 BROADWAY					
CITY/TOWN: CI	HELSEA	STATE: MA	ZIF	CODE:	02150	
	QUINO, TY LADIMIR CHINO	PE OF LICENSE: Re	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR I	EMAIL ADDR	ESS		_
DESCRIPTION O	F LICENSED PREM	ISES:				
two front entrances	s and kitchen in rear					
I hereby certify and	d swear under penaltie	es of perjury that:				
1. the rene	ewed license will be of	f the same type for the	e same pr	remises now	licensed;	
	nsee has complied wit			•	o taxes; and	
3. the prei	mises are now open fo	r business (If not exp	lain belov	w)		
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Off	icer		
	,	·				
DATE:	TEI EDUO	NE NUMBER:	L	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELEFTIO	NE NOMBER.	(N			Security Number)
Acts of 2004, sign	ned, attest that we ar ned by the building in d (2) the certificate o	spector and the hea	d of the	fire depart	ment for the	above
Please Check Below:			LOCA	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved exp	plain)					
DATE:						
Dill.						



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LICENSE NUMBER: 020)200094		Cl	ITY C	R TOW	'N	CHELSEA	
APPLICATION FOR RE	NEWAL:	Annu	al		LICI	ENS	ED FOR 20	013
		CLAS	SS					YEAR
LICENSEE NAME: CO	LWEN MANAGI	EMENT, IN	C					
DOING BUSINESS A R	ESIDENCE INN 1	BY MARRI	OTT-CHE	ELSEA	A/BOST	ON		
ADDRESS 200 MAPLE	STREET							
CITY/TOWN: CHELSE	Ä	STATE:	MA	ZIP	CODE:		02150	
MANAGER: FINNEY,	JASON TYPE	OF LICEN	SE: Innhol	lder		CA	TEGORY:	All Alcohol
EMAIL ADDRESS:								
PLEAS	SE ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAIL	L ADDRE	ESS			-
DESCRIPTION OF LICE	ENSED PREMISE	S:						
200 MAPLE ST. CHELS ROOM UNITS WITH KI BACK ENTRANCES AN	THCEN ACCOU	TREMENT	S; 1ST FL					
I hereby certify and swear	under penalties of	f perjury tha	t:					
1. the renewed lie	cense will be of the	e same type	for the sar	me pre	emises n	ow 1	icensed;	
	s complied with al					g to	taxes; and	
3. the premises a	re now open for bu	usiness (If no	ot explain	below	7)			
SIGNED BY	dividual, Partner o	r Authorize <i>c</i>	l Cornorat	e Offi	cer			
IIIC	iividdai, i artiici oi	7 Iddioi1200	Согрога	C OIII	CCI			
DATE:	TELEPHONE	NII IMDED.			EMPLOY	YER 1	IDENTIFICAT	ION NUMBER:
	TELEPHONE	NUMBER:		(No				ecurity Number)
We the undersigned, att Acts of 2004, signed by named license and (2) th of 2010.	the building insp	ector and th	ne head of	f the f	ire depa	artm	ent for the	above
Please Check Below:]	LOCA	L LICE	NSI	NG AUTHO	ORITY
APPROVED:				Ву:				
DISAPPROVED:								
(If disapproved explain)								
DATE:								